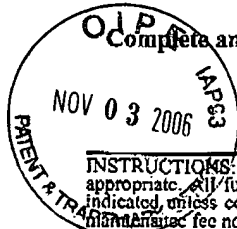


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or **Fax** (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated, unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

24126 7590 08/04/2006

ST. ONGE STEWARD JOHNSTON & REENS, LLC  
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 STAMFORD, CT 06905-5619

11/06/2006 RMEBRAH 00000014 10615186

01 FC:2501 700.00 OP  
 02 FC:1504 300.00 OP

**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Corey L. Malachi	(Depositor's name)
<i>Corey L. Malachi</i>	(Signature)
November 3, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10615,186	07/08/2003	Arminas Ragauskas	01950-P0006D RJB	6458

TITLE OF INVENTION: METHOD AND APPARATUS FOR NONINVASIVE DETERMINATION OF THE ABSOLUTE VALUE OF INTRACRANIAL PRESSURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	11/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
APANIUS, MICHAEL	3736	600-561000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

St. Onge Steward  
 Johnston & Reens LLC  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UAB Vittamed

Lithuania

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

#### 4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

#### 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4516 (enclose an extra copy of this form).

#### 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Richard J. Basile*

Date

11/03/06

Typed or printed name

Richard J. Basile

Registration No.

40,501

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## St. Onge Steward Johnston &amp; Reens LLC

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November 3, 2006

SSJR File: 01950-P0006D  
Pages 3

Deliver To: ISSUE FEE  
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Post Office Box 1450  
Alexandria, VA 22313-1450

Fax No: 571 273-2885

From: Corey Malachi for  
Richard J. Basile

Re: Serial No. 10/615,186  
Method and Apparatus for Noninvasive Determining the Absolute Value of Intracranial Pressure

Dear Sir or Madam:

Attached is the Issue Fee Transmittal, Part B – Fee(s) Transmittal, and Form PTO-2038 (credit card payment).

Very truly yours,

Richard J. Basile  
rbasile@ssjr.com

RJB:clm  
Enclosures